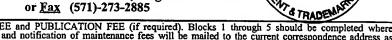
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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									(Date)	
APPLICATION NO. FILING DATE			FIRST NAMED INVEN		TOR ATTORNEY DOCKET			RNEY DOCKET NO.	CONFIRMATION NO.	
10/705,873 11/13/2003			Mark L. Younie				<u> </u>	05165.1340 6292		
TITLE OF INVENTION	: MOLDING APPARA	TUS AN	ID METHOD							
APPLN, TYPE	SMALL ENTITY	ISS	UE FEE DUE	PUBLICATION FEE	OUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	, NO		\$1400	\$300		\$0/24	/2007	AWONDAF2 0000010	19- 502036 10705873	
EXAMINER			ART UNIT	CLASS-SUBCLASS	3	01 FC		1480.00 DA		
DAVIS, ROBERT B			1722	425-389000		02 FC	:1504	1504 300.00 DA		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
B. ASSIGNEE NAME A	ND RESIDENCE DAT	A TO B	E PRINTED ON T	THE PATENT (print of	or typ	e)			****	
		ified be pletion o	low, no assignee of this form is NO						cument has been filed for	
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a. Applicant claim:	tus (from status indicate s SMALL ENTITY state	us. See 3	7 CFR 1.27.	☐ b. Applicant is no	long	er claiming SMAI	L ENT	TITY status. See 37 CF	R 1.27(g)(2).	
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	Michael D.					Registration N				
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